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| DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-2736B (Rev 3-03) | | AUXILIARY PILOT QUALIFICATION AND AIRCRAFT FACILITY INSPECTION REPORT | | | TYPE OF REPORT <input type="checkbox"/> ANNUAL REPORT <input type="checkbox"/> NEW OR INITIAL REPORT | |
| SECTION I - PILOT/OWNER DATA | | | | | | |
| MEMBER NUMBER | | MEMBER'S LAST NAME, FIRST NAME, MIDDLE INITIAL | | | PILOT'S LICENSE NUMBER | |
| FACILITY STATUS | | FAA REGISTRATION NUMBER | FACILITY INSPECTION DATE | IF THIS FACILITY REPLACES ONE CURRENTLY RECORDED, LIST OLD FAA REGISTRATION NUMBER HERE | | |
| A | | | | | | |
| SECTION II - PILOT REQUIREMENTS CHECK OFF LIST (COMDTINST M16798.3D) | | | | | | |
| YES | NO | ITEM | | YES | NO | ITEM |
| See Instructions | | 1. Pilot, Types & Ratings: | | | | 8. Aviation Safety Workshop(s), Date(s) |
| | | 2. FAA Medical, Class: Date: | | | | 9. Night Currency (3 landings Logged in Previous 90 days) |
| | | 3. Instrument Currency IAW FAR 61.57 | | | | 10. Passenger Currency (3 landings Logged in Previous 90 days) |
| | | 4. SAR Procedures Flight Check: Date: | | | | 11. Biennial Flight Review, Date |
| | | 5. Initial Auxiliary Flight Hour Requirements | | | | 12. Annual Auxiliary Flight Requirement (24 hrs. PIC last 12 Mos.) |
| | | 6. Egress / / , Water Survival / / | | | | 13. 6 Auxiliary Missions and 12 hrs. (last 12 Mos.) |
| | | 7. Area Familiarization Flight, Date: | | | | 14. Certified Flight Instructor |
| RECOM'D. FOR | | INSPECTOR MEMBER NO. | | | | |
| See Instructions | | | | SIGNATURE OF INSPECTOR DATE | | |
| SECTION III - AIRCRAFT FACILITY DATA | | | | | | |
| 1. YEAR | 2. MANUFACTURER | | 3. MODEL | 4. TYPE (See instructions) | 5. LOCATION OF AIRCRAFT (City/State/Airport) | |
| | | | | | | |
| SECTION IV - FACILITY INSPECTION CHECK OFF LIST (COMDTINST M16798.3D) | | | | | | |
| YES | NO | ITEM | | YES | NO | ITEM |
| | | 1. Airworthiness Certificates | | | | 7. Shoulder Harness (Front Seat) |
| | | 2. Annual Inspection in last 12 Mos. | | | | 8. First Aid Kit |
| | | 3. Aircraft Registration Certificate | | | | 9. Day/Night Flares |
| | | 4. Aircraft Weight & Balance | | | | 10. Strobe Light |
| | | 5. Aircraft Operation Limitations | | | | 11. Signal Mirror |
| | | 6. VHF-FM Radio or Suit. Ant. & Jack | | | | 12. Life raft |
| | | | | | | 13. Life Vests (Min 1 per seat) |
| | | | | | | 14. Pitot Static Check (within 24 Mos.) |
| | | | | | | 15. Transponder Check (within 24 Mos.) |
| | | | | | | 16. ELT Battery Date Current |
| | | | | | | 17. EPIRB or Portable ELT |
| | | | | | | 18. Flight Helmet (Helicopter Only) |
| This aircraft was personally inspected by me this date and this report of inspection is certified to be correct, and conditions aboard are as indicated. | | | | | | |
| INSPECTOR MEM. NO. | | | | | | |
| | | SIGNATURE OF INSPECTOR DATE | | | | |
| SECTION V - AIRCRAFT CHARACTERISTICS DATA | | | | | | |
| 1. USEFUL LOAD (with full tanks) | | 2. COLOR WINGS | | 3. COLOR FUSELAGE | | 4. NO. SEATS |
| | | | | | | |
| 5. TYPE CERTIFICATION | | 6. CRUISE SPEED (KTS) | | 7. MAX. RANGE (miles) | | 8. MAX. ENDURANCE (hrs.) |
| | | | | | | |
| RADIOS | MAKE | MODEL | FREQUENCIES/CHANNELS | | NAVIG. | MAKE MODEL |
| HF-SSB | | | | | VOR | |
| VHF-AM | | | | | ADF | |
| VHF-FM | | | | | DME/TACAN | |
| OTHER | | | | | RADAR | |
| OTHER SPECIAL EQUIP.: | | | | | | |
| SECTION VI - OWNER STATEMENT AND SIGNATURE | | | | | | |
| 1. <input type="checkbox"/> THE ABOVE FACILITY IS HEREBY OFFERED FOR USE UNTIL WITHDRAWN IN ACCORDANCE WITH THE PROVISIONS OF APPLICABLE LAWS AND REGULATIONS THAT ARE IN EFFECT AT THE TIME THE FACILITY IS ACCEPTED, USED, & RELEASED. | | | | | | |
| 2. <input type="checkbox"/> THE ABOVE FACILITY IS NOT OFFERED FOR USE. | | | | | | |
| 3. <input type="checkbox"/> I HAVE KNOWLEDGE OF THE FINDINGS OF THE FACILITY INSPECTOR AS SET FORTH ABOVE AND AGREE TO NOTIFY DIRAUX OF ANY CHANGES MADE TO THIS AIRCRAFT OR EQUIPMENT. ALL SECTIONS OF THIS FORM ARE CORRECT AND UP-TO-DATE. | | | | | | |
| SIGNATURE OF OWNER | | | | | | DATE |
| SECTION VII - FLOTILLA COMMANDER ENDORSEMENT | | | | | | |
| I acknowledge Offer For Use and forward to DIRAUX for consideration. | | | | | | |
| SIGNATURE OF FLOTILLA COMMANDER | | | | | | DATE |
| SECTION VIII - DIRAUX ENDORSEMENT | | | | | | |
| THIS AIRCRAFT IS <input type="checkbox"/> ACCEPTED AS <input type="checkbox"/> OPERATIONAL AIRCRAFT FACILITY OF THE U.S. COAST GUARD AUXILIARY | | | | | | |
| <input type="checkbox"/> REJECTED AS <input type="checkbox"/> NON-OPERATIONAL | | | | | | |
| MEMBER IS DESIGNATED: | | <input type="checkbox"/> | | SIGNATURE OF DIRAUX | | DATE |
| Observer - C Co-Pilot - CP First Pilot - FP Aircraft Commander - AC | | | | | | FACILITY DECAL NO. |
| AUXMIS ENTRY COMPLETED <input type="checkbox"/> Date | | | | | | |

AUXILIARY PILOT QUALIFICATION AND AIRCRAFT FACILITY INSPECTION REPORT

This form has a dual purpose. It is used to report the annual facility certification and offer of use as well as the annual pilot requirements. It is also used to enter new and/or initial facility certification and offer of use as well as initial observer and/or pilot requirements. If you sell or trade your facility and acquire a new one, this form is used to remove the old one and enter the new facility into the data base.

The primary owner and all co-owners must complete a form. The facility inspector needs only to inspect the facility once but must sign each form in regards to Aircraft Inspection.

The Air Operations Program requires annual renewal of **Co-Pilot, First Pilot, and Aircraft Commander Qualifications**. That check list is part of this form. This means that for some reporting members only Sections I and II need be completed as they may not be an air facility owning member. Likewise, for the initial qualification of an **Observer** only Section I need be completed. There are no observer requalification requirements.

In the upper right hand corner of the form, check TYPE OF REPORT (annual, new, or initial).

SECTION I - PILOT OWNER DATA

MEMBER NUMBER - Enter reporting member's number.

MEMBER'S LAST NAME, FIRST NAME, AND MIDDLE INITIAL - Enter reporting member's last name, first name and middle initial.

PILOT'S LICENSE NUMBER - Enter the Pilot's License Number

FACILITY STATUS - In the first block enter "P" if reporting member is the primary owner (member holding the largest percentage of ownership if more than one owner). Enter "C" if reporting member is co-owner. Enter "N" if reporting member does not own an air facility.

NOTE: If reporting member is NOT a facility owner, skip to SECTION II. Each facility must have a Primary Owner. Husband and wife may not each indicate "C" or "P".

FAA REGISTRATION NUMBER - Enter the aircraft registration number assigned by the Federal Aviation Administration.

FACILITY INSPECTION DATE - Check pilot will enter the month, day and year of inspection. Use month, day and year numerical format, example March 15, 1998 is entered as 031598.

PREVIOUS FACILITY IDENTIFICATION NUMBER - Enter the old facility identification number only if this facility replaces the one you previously owned and had reported for use.

SECTION II - PILOT REQUIREMENTS CHECK OFF LIST (COMDTINST M16798.3D)

This section will be completed by the Inspector. The Inspector must be an Aircraft Commander.

| FAA Ratings | | | | FAA Types | |
|-------------|-------------------|------------|--------------------|-------------|---------------------|
| INST | Instrument | RC | Rotor Craft | ATP | Air Transport Pilot |
| MEL | Multi-Engine Land | SEL | Single Engine Land | COMM | Commercial Pilot |
| MES | Multi-Engine Sea | SES | Single Engine Sea | PRIV | Private Pilot |

RECOM'D FOR - the Inspector or DIRAUX will enter the applicable level of pilot qualification the reporting member has attained.

Co-Pilot - CP, First Pilot - FP, Aircraft Commander - AC

INSPECTOR MEMBER NUMBER - The ten digit Inspector member Number will be entered.

SIGNATURE AND DATE - Inspector or DIRAUX signs and dates the form.

NOTE: If reporting member is not a facility owner, no additional data need be collected. The Inspector should forward the form to the Flotilla Commander. If member is co-owner, skip to Section VI.

SECTION III - AIRCRAFT FACILITY DATA

To be completed before inspection of aircraft.

1. YEAR - Enter the year the aircraft was built.
2. MANUFACTURER - Enter the manufacturer of the aircraft.
3. MODEL - Enter the model of the aircraft.
4. TYPE - There are two codes to be entered, select the ones which best describe the type of aircraft.
 - a. Code one: L - Fixed Gear F - Float A - Amphibious H - Helicopter S - Ski R - Retractable
 - b. Code two: Number of engines
5. LOCATION OF AIRCRAFT - Enter the City, State and Airport where the aircraft is located.

SECTION IV - FACILITY INSPECTOR CHECK OFF LIST (COMDTINST M16798.3D)

This section will be completed by the Inspector. The Inspector must be an Aircraft Commander.

INSPECTOR MEMBER NUMBER - Inspector enters own member number..

SIGNATURE OF INSPECTOR AND DATE - Inspector signs and dates the form.

SECTION V - AIRCRAFT CHARACTERISTICS DATA

This section is to be completed by the reporting member if this is an initial inspection or if there has been some change to aircraft equipment and/or characteristics.

USEFUL LOAD - Enter the maximum weight (in pounds) of passenger and cargo which the aircraft can take off with a full load of fuel.

COLOR OF WINGS - Enter the color(s) of the wing paint.

COLOR OF FUSELAGE - Enter the color(s) of the fuselage paint.

NUMBER OF SEATS - Enter the number of seats. Include the pilot's seat.

TYPE OF CERTIFICATION - Enter the type of Federal Aviation Administration certification.

CRUISE SPEED (KTS) - Enter the aircraft's normal cruising airspeed in knots.

MAXIMUM RANGE - Enter the maximum safe distance in nautical miles the aircraft can fly without refueling.

MAXIMUM ENDURANCE - Enter the maximum safe time in hours the aircraft can remain airborne without refueling.

RADIOS - Fill in the MAKE, MODEL, and FREQUENCIES/CHANNELS of the aircraft's equipment.

NAVIGATION - Fill in the MAKE AND MODEL of the aircraft's navigation equipment.

OTHER SPECIAL EQUIPMENT - In the space provided list other non-avionics equipment. Example: EPIRB, strobe light, 4-man inflatable liferaft, etc.

SECTION VI - OWNER(S) STATEMENT AND SIGNATURE

Please be sure you fully understand the statements contained in this section before checking the statement which best describes your intentions on the OFFER OF USE. Any questions should be answered to the owner(s) complete satisfaction prior to signing and dating the form. If the facility is corporate-owned, the official corporate representative is to sign as the primary owner. Before a corporate-owned facility can be offered for use, the facility private ownership requirements must be waived by the Director of Auxiliary.

SECTION VII - FLOTILLA COMMANDER ENDORSEMENT

The Flotilla Commander signs, dates and forwards this form to the Director of Auxiliary in member's district or region.

SECTION VIII - DIRAUX ENDORSEMENT

This section is to be completed by the Director of Auxiliary.

AUXMIS ENTRY COMPLETED - Check box and enter date.